S. No. 300
v. 10.48

FILED FEB 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

967

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5427 Registrar's No. 3

1360
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Franklin Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VILLA RIDGE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VILLA RIDGE 0360
d. STREET ADDRESS (If rural, give location): R.R. #1

3. NAME OF DECEASED (Type or Print)
a. (First): RUDOLPH
b. (Middle): AMBROSE
c. (Last): MEYER SR.

4. DATE OF DEATH (Month) (Day) (Year): JAN. 26, 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: OCT. 21, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PERFUME MFG.
10b. KIND OF BUSINESS OR INDUSTRY: PERFUME
11. BIRTHPLACE (City and State or Foreign Country): BASEL, SWITZERLAND 5
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: SALENA C. MEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: RUDOLPH J. MEYER JR. — ADDRESS: BOX 674 RT 2 V.P. MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY INFARCT. 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis + Pneumonia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20, 1953 *to* 1-26, 1953 *that I last saw the deceased alive on* 1-28, 1953 *and that death occurred at* 8A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Pacific Mo
23c. DATE SIGNED: 1/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 1-29-53
24c. NAME OF CEMETERY OR CREMATORY: LAKEWOOD PARK
24d. LOCATION (City, town, or county) (State): ST LOUIS COUNTY, MO.

DATE REC'D BY LOCAL REG.: Jan. 26-53
REGISTRAR'S SIGNATURE: Mary B. Gross. MD
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] — ADDRESS: St Louis 9 Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.